

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034644

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 2472

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 19 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Richmond HeightsLength of stay in 1b
YRS.c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION residence 6848 DALEInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Richmond Heights

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
6848 Dale AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
FRANK nmn SMITH4. DATE OF DEATH Month Day Year
August 3 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-28-1889 73

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Clearfield Co. Pennsylvania USA
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John Smith

13b. MOTHER'S MAIDEN NAME

Katherine Thomas

14. NAME OF HUSBAND OR WIFE

Alice M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Alice M. Smith-6848 Dale Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN
ONSET AND DEATH

1 day

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/14/61 to 8/3/63 and last saw him alive on 8/2/63
Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.B.

22b. ADDRESS

150 N. Meramec, St. Louis 5, Mo.

22c. DATE SIGNED

8/5/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

8-6-1963

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery St. Louis Co. Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel-St. Louis 30, Mo.

25. DATE RECD. BY LOCAL REG.

8-5-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 4005

2 4005

3 2

4 0

5 1

6

7 1

8 1

9 331X

10

11

12 290-0

13

8:30 A.M.
COUNTY
Dr. Zuckner
150 N. Meramec Ave
PA 5-8213

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.